PGS-04 (Revised)

COLLEGE OF POST GRADUATE STUDIES

G.B. PANT UNIVERSITY OF AGRICULTURE & TECHNOLOGY, PANTNAGAR-263145 (U.S. NAGAR)

(To be submitted in quadruplicate)

Name of the student : ..... **ID No.** : .....

Degree Prog. : ..... **Sem. & Year of Adm.** : .....

COURSE PROGRAMME (MBA)

Course No.	Name of Course	Credits
A. Compulsory Courses		
	Sub-total	
B. Elective Courses (Name of Elective Package)		
	Sub-total	
	Total	

Certified that the above course programme has been thoroughly examined by the the Advisory Committee and it has been prepared in accordance with Academic Council Regulations.

(Name of Member)
Designation

(Name of Member)
Designation

(Name of Advisor)
Designation

Recommended and forwarded to Dean, PGS

(Name)
Dean, CABM